

## Youth Program Survey Pretest

Your code: \_\_\_\_\_

Today's date: \_\_\_\_\_

***Please answer the following items before starting the survey, so we can know more about the population being reached by this program. Remember, you can always choose not to answer a question!***

Are you...    ☐ Male    ☐ Female    ☐ Transgender

How old are you? \_\_\_\_\_ years

Do you identify yourself as...

☐ African-American/Black    ☐ Hispanic    ☐ White    ☐ Asian    ☐ Other \_\_\_\_\_

Do you currently live in...

☐ Maryland    ☐ Virginia    ☐ Washington, D.C.

***The following questions ask what you know about HIV and AIDS. Please answer carefully. For all questions, fill in the bubble for the answer you choose.***

1. Most people with HIV quickly show signs of being sick.  
☐ True    ☐ False    ☐ Don't know
2. There is a cure for HIV infection and for AIDS.  
☐ True    ☐ False    ☐ Don't know
3. Teenagers are less likely to get AIDS than persons over 20 years old.  
☐ True    ☐ False    ☐ Don't know
4. A condom (or other barrier) will always stop HIV.  
☐ True    ☐ False    ☐ Don't know
5. Using a condom or other barrier correctly during sex is a good way to keep from getting HIV.  
☐ True    ☐ False    ☐ Don't know
6. Only people who have sexual intercourse with gay (homosexual) men get AIDS.  
☐ True    ☐ False    ☐ Don't know
7. A person can get HIV by having sex with someone who got it from injecting drugs.  
☐ True    ☐ False    ☐ Don't know
8. Can a man give the HIV virus to a woman?  
☐ Yes    ☐ No    ☐ Don't know

9. Can a woman give the HIV virus to a man?  
☐ Yes ☐ No ☐ Don't know
10. Can a woman give the HIV virus to another woman?  
☐ Yes ☐ No ☐ Don't know
11. Can a pregnant woman give HIV to her unborn baby?  
☐ Yes ☐ No ☐ Don't know
12. If a woman uses something like the pill or a diaphragm for birth control, will it help protect her from HIV?  
☐ Yes ☐ No ☐ Don't know
13. Oral sex (contact between your mouth and vagina or penis) is just as risky as vaginal sex (penis in vagina) or anal sex (penis in anus or butt) for getting HIV.  
☐ True ☐ False ☐ Don't know
14. The risk of getting HIV increases as the number of sex partners increases.  
☐ True ☐ False ☐ Don't know
15. A person can get HIV from sharing drug injection equipment (like needles) with someone who looks healthy.  
☐ True ☐ False ☐ Don't know
16. Anal sex without a condom is a very risky behavior for getting HIV.  
☐ True ☐ False ☐ Don't know

***The next questions ask what you think about AIDS.***

17. Based on your behavior in the past month, what do you think is your risk for getting HIV?  
☐ no risk ☐ some risk ☐ a lot of risk ☐ extreme risk
18. I am concerned that I could get HIV.  
☐ not at all ☐ a little ☐ somewhat ☐ very much
19. I am concerned that someone I know has HIV or AIDS.  
☐ not at all ☐ a little ☐ somewhat ☐ very much
20. I think that AIDS is a serious problem in my community.  
☐ not at all ☐ a little ☐ somewhat ☐ very much

***The next questions ask how confident you are about practicing safer sex in difficult situations. Please answer every question even if you are not currently sexually active. If you are not currently sexually active, indicate how confident or certain you think you would be in such a situation. "Other barriers" means things like dental dams that, like condoms or rubbers, can block contact with body fluids.***

21. I'm sure that I can suggest using a condom (or other barrier) use with new partners.

☐ strongly disagree      ☐ disagree      ☐ unsure      ☐ agree      ☐ strongly agree

22. I'm certain that I would remember to use a condom or other barrier even if I was drinking or using drugs.

☐ strongly disagree      ☐ disagree      ☐ unsure      ☐ agree      ☐ strongly agree

23. I'm certain that I will practice safer sex (like using a condom or other barrier) when I am with a regular partner.

☐ strongly disagree      ☐ disagree      ☐ unsure      ☐ agree      ☐ strongly agree

24. I feel that safer sex can still be satisfying to me.

☐ strongly disagree      ☐ disagree      ☐ unsure      ☐ agree      ☐ strongly agree

25. I find it difficult to have intercourse with a condom (or other barrier).

☐ strongly disagree      ☐ disagree      ☐ unsure      ☐ agree      ☐ strongly agree

26. I'm certain that I will have sex with a condom or barrier when I'm with a non-regular sex partner (anyone other than my main sex partner).

☐ strongly disagree      ☐ disagree      ☐ unsure      ☐ agree      ☐ strongly agree

27. I'm certain that I know how to use a condom (or other barrier) correctly.

☐ strongly disagree      ☐ disagree      ☐ undecided      ☐ agree      ☐ strongly agree

28. Have you ever been tested for HIV?

☐ Yes      ☐ No      ☐ I don't remember/don't know

29. If you have been tested for HIV, what kind of test was it?

☐ Blood test      ☐ Oral test      ☐ I don't know

30. If you have been tested for HIV, did you find out your test result?

☐ Yes      ☐ No      ☐ I don't remember

31. If you have never been tested for HIV, what are your reasons? *You can check more than one option.*

- ☐ I don't think I have HIV
- ☐ I'm afraid to find out the results
- ☐ I don't know where to get tested
- ☐ I'm afraid someone will find out I got tested
- ☐ I just haven't gotten around to it
- ☐ I'm afraid of the test itself
- ☐ I'm afraid of needles
- ☐ I'm not doing anything risky that could give me HIV
- ☐ I don't have the money or resources, like transportation, to get to a testing site
- ☐ Other (fill in your own reason) \_\_\_\_\_

32. If you have never been tested for HIV, do you now intend to do so?

- ☐ Yes, definitely   ☐ Yes, maybe   ☐ No, not really   ☐ Definitely not

*The next questions ask about what your friends think and do.*

33. My friends practice safer sex.

- ☐ strongly disagree   ☐ disagree   ☐ unsure   ☐ agree   ☐ strongly agree

34. My friends feel that it is too much trouble to use condoms or barriers during sex.

- ☐ strongly disagree   ☐ disagree   ☐ unsure   ☐ agree   ☐ strongly agree

35. Most of my friends think that practicing safer sex can lower the risk of AIDS.

- ☐ strongly disagree   ☐ disagree   ☐ unsure   ☐ agree   ☐ strongly agree

*For these next questions, "people who are important to me" means people whose ideas or beliefs about sex are important to you. These could be friends, brothers or sisters, parents, or anyone else as long as what they think and believe about sex matters to you. Keep this in mind as you answer the questions.*

36. Most people who are important to me think I should use condoms or other barriers during sex.

- ☐ very true   ☐ somewhat true   ☐ unsure   ☐ not really true   ☐ not true at all

37. Most people who are important to me think that I should not have sexual intercourse at all at this time in my life.

- ☐ very true   ☐ somewhat true   ☐ unsure   ☐ not really true   ☐ not true at all

***The following items ask if you know where you or other people can get services or help related to HIV and AIDS.***

38. I know where I can go to get anonymous testing for HIV.  
☐ Yes ☐ No
39. I know where I can get condoms.  
☐ Yes ☐ No
40. I know where I can go or call to find out more information about HIV.  
☐ Yes ☐ No
41. I know where people with HIV or AIDS can go to get help, like getting drugs to treat HIV.  
☐ Yes ☐ No

***The next questions ask about sexual and drug-related behaviors that may expose a person to HIV. Please remember that answering these questions is completely voluntary and that your answers cannot be linked to your real name or identity.***

42. Have you ever had vaginal sex (penis in vagina) with another person?  
☐ Yes ☐ No  
If you said **yes**, how often did this happen in the last 3 months? \_\_\_\_\_  
How many different persons did this happen with? \_\_\_\_\_  
How often during these experiences did you use a condom or other barrier?  
☐ Always ☐ Sometimes ☐ Never
43. Have you ever had anal sex (penis in anus or butt) with another person?  
☐ Yes ☐ No  
If you said **yes**, how often did this happen in the last 3 months? \_\_\_\_\_  
How many different persons did this happen with? \_\_\_\_\_  
How often during these experiences did you use a condom or other barrier?  
☐ Always ☐ Sometimes ☐ Never
44. Have you ever had oral sex (contact between your mouth and vagina or penis) with another person?  
☐ Yes ☐ No  
If you said **yes**, how often did this happen in the last 3 months? \_\_\_\_\_  
How many different persons did this happen with? \_\_\_\_\_  
How often during these experiences did you use a condom or other barrier?  
☐ Always ☐ Sometimes ☐ Never
45. Have you ever used drugs of any kind that you injected using a needle?  
☐ Yes ☐ No  
If you said **yes**, how often did this happen in the last 3 months? \_\_\_\_\_  
How often during these experiences did you use a new needle that no one else had used, or clean the needle that you used?  
☐ Always ☐ Sometimes ☐ Never

46. Have you ever had sexual contact with another person while you were drinking alcohol or using other drugs?

☐ Yes      ☐ No

If you said **yes**, how often did this happen in the last 3 months? \_\_\_\_\_

How many different persons did this happen with? \_\_\_\_\_

***You're done! Thanks very much for your time and help. Make sure you didn't write any personal identification on the questionnaire. Seal the questionnaire in the envelope and return it to the staff.***

## About this form:

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The Maryland State Health Department plans and funds HIV prevention programs across the state. In order to make these programs better, we need your help.

The following questionnaire will help us better understand:

- **who** benefits from HIV prevention programs;
- **how** to improve these prevention programs.

This questionnaire is completely anonymous. No one will know that this form belongs to you. Some of the questions may be sensitive. You may choose not to answer any question.

If you have any questions, please ask your group facilitator.

## How to complete this form:

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### MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**CORRECT:** ●

**INCORRECT:** ☑ ✕ ○ ◐

**If you have any questions about HIV/AIDS  
or would like information about testing...**

**Please call: 1-800-638-6252**

# PARTICIPANT FORM

TODAY'S DATE	Month	Day	Year

DATE OF BIRTH	Month	Day	Year

1. What is your sex?

☐ Male ☐ Female

If female, are you pregnant?

☐ Yes ☐ No ☐ Don't Know

2. Do you consider yourself Hispanic/Latino?

☐ Yes ☐ No

3. What is your race? (Mark all that apply)

- ☐ African American or Black  
☐ North American Indian or Alaska Native  
☐ Central or South American Indian  
☐ Asian or Pacific Islander  
☐ White  
☐ Other \_\_\_\_\_

4. **IN THE PAST 12 MONTHS:** Which of the following statements were true for you?

I have had: (Mark Yes or No)

- a. vaginal sex. ☐ Yes ☐ No  
b. anal sex with a man. ☐ Yes ☐ No  
c. oral sex with a man. ☐ Yes ☐ No  
d. anal sex with a woman. ☐ Yes ☐ No  
e. oral sex with a woman. ☐ Yes ☐ No

5. **In the past 12 months,** with how many different people have you had sex? \_\_\_\_\_  
(vaginal, anal or oral)

6. **In the past 12 months,** how often did you or your partner use condoms/barriers?

- ☐ Always  
☐ Usually  
☐ Sometimes  
☐ Never  
☐ Does Not Apply

7. **IN THE PAST 12 MONTHS:** Which of the following statements are true for you?

- a. I have had sex while high on drugs or alcohol.  
☐ Yes ☐ No ☐ Don't Know  
b. I have used a needle used by another person for drugs, vitamins, steroids, body piercing or tattooing.  
☐ Yes ☐ No ☐ Don't Know  
c. I have injected drugs.  
☐ Yes ☐ No  
d. I have had sex with a person who shares needles.  
☐ Yes ☐ No ☐ Don't Know  
e. I have had sex with a person who has HIV or AIDS.  
☐ Yes ☐ No ☐ Don't Know  
f. I have given or received sex for drugs, shelter or money.  
☐ Yes ☐ No  
g. I have had a sexually transmitted disease (STD).  
☐ Yes ☐ No ☐ Don't Know

8. When was the last time you were tested for HIV?

- ☐ Within the past 12 months  
☐ More than 12 months ago  
☐ Never been tested

9. What was the test result?

- ☐ Positive  
☐ Negative  
☐ Don't Know

FORM A

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## Información sobre este formulario:

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El Departamento de Salud del Estado de Maryland, planifica y crea programas de prevención para el VIH. Para mejorar estos programas necesitamos su ayuda.

El siguiente cuestionario puede ayudarnos a entender mejor:

- **quiénes** se benefician de estos programas de prevención;
- **cómo** podemos mejorar estos programas.

Este cuestionario es completamente ANÓNIMO. Nadie sabrá que esta información le pertenece a usted. Algunas de las preguntas son muy personales. Si así lo desea, usted puede elegir no contestar ninguna pregunta.

Si tiene alguna pregunta, por favor hable con el facilitador de su grupo.

## Cómo completar este formulario:

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### INSTRUCCIONES

- **Únicamente use lápiz # 2 o bolígrafo azul o negro.**
- **No use bolígrafos que puedan gotear en el papel.**
- **Haga marcas sólidas que llenen la respuesta completamente.**
- **No haga líneas o marcas en este formulario.**

**CORRECTO:** ●

**INCORRECTO:** ☑ ✕ ○ ●

Si usted tiene alguna pregunta sobre el VIH/SIDA  
o si desea información sobre el examen...

**Por favor llame al: 1-800-553-3140**

# Formulario para Participantes Hispanos/Latinos

DÍA DE HOY	MES	DÍA	AÑO

FECHA DE NACIMIENTO	MES	DÍA	AÑO

1. ¿Cuál es su sexo?

☐ F Femenino ☐ M Masculino

Si es mujer, ¿está embarazada?

☐ S Si ☐ N No ☐ NS No sé

2. ¿Se considera usted Hispano(a)/Latino(a)?

☐ S Si ☐ N No

3. País de origen: \_\_\_\_\_

4. ¿Cuál es su raza? (Por favor marque todas las que correspondan)

☐ N Negro  
☐ A Asiático o de las Islas del Pacífico  
☐ I Indígena Norte/Centro/Sud-Americano  
☐ B Blanco  
☐ O Otro: \_\_\_\_\_

5. ¿Hace cuánto tiempo vive en los Estados Unidos?

\_\_\_\_\_

6. Usted tiene pareja en...

☐ L Los Estados Unidos  
☐ S Su país  
☐ N No tiene pareja

**Las siguientes preguntas opcionales son muy íntimas y personales. Si lo desea, NO LAS CONTESTE.**

7. DURANTE LOS ULTIMOS 12 MESES...

Yo he tenido relaciones sexuales (por la vagina, por el ano/recto o por la boca/oral)...

con un hombre ☐ S Si ☐ N No  
con una mujer ☐ S Si ☐ N No

8. ¿Con cuántas personas ha tenido relaciones sexuales durante los últimos 12 meses? \_\_\_\_\_

9. Cuando ha tenido relaciones sexuales durante los últimos 12 meses, ¿cuántas veces usted o su pareja ha/han utilizado condones?

☐ S Siempre ☐ A Algunas veces ☐ N No Aplica  
☐ A Usualmente ☐ N Nunca

10. DURANTE LOS ULTIMOS 12 MESES...

¿Cuáles de las siguientes frases son ciertas?

a. Tuve relaciones sexuales luego de haber tomado cerveza, vino u otras bebidas alcohólicas. ☐ S Si ☐ N No

b. Tuve relaciones sexuales después de haber usado drogas ilegales. ☐ S Si ☐ N No ☐ NS No sé

c. Me inyecté drogas ilegales. ☐ S Si ☐ N No

d. Utilizé agujas o jeringuillas usadas por otra/s persona/s para inyectarme drogas, vitaminas, esteroides, hacerme tatuajes o agujeritos. ☐ S Si ☐ N No ☐ NS No sé

e. Tuve relaciones sexuales con una persona que comparte agujas. ☐ S Si ☐ N No ☐ NS No sé

f. Tuve relaciones sexuales con una persona que tiene VIH/SIDA. ☐ S Si ☐ N No ☐ NS No sé

g. Tuve relaciones sexuales con alguien a cambio de dinero, drogas o alojamiento. ☐ S Si ☐ N No

h. Tuve una enfermedad de transmisión sexual/venérea. ☐ S Si ☐ N No

11. ¿Cuándo fue la última vez que se hizo la prueba/el examen del VIH?

☐ E En los últimos 12 meses  
☐ H Hace más de 12 meses  
☐ N Nunca

Si contesta Sí, ¿dónde? \_\_\_\_\_

¿Cuál fue su resultado? ☐ P Positivo  
☐ N Negativo  
☐ NS No sé

FORM C

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